



OFFICE OF THE GOVERNOR

KATHLEEN SEBELIUS GOVERNOR

## EXECUTIVE DIRECTIVE NO. 07-376

### Authorizing Personnel Transactions

By virtue of the authority vested in the Governor as the head of the Executive Branch of the State of Kansas, the following transactions are hereby authorized:

The Kansas Civil Service Basic Pay Plan that took effect on June 18, 2006, is hereby modified and the new pay matrix for the classified service is hereby adopted, effective June 17, 2007. The pay plan is modified to the extent provided for in the rules and regulations promulgated by the Secretary of Administration under the authority of KSA 75-3706 or as hereafter modified by executive directives, and such modifications may be effective on the date of the rules and regulations or executive directives in accordance with KSA 75-2938. The two attached pay matrices are hereby incorporated in, and made part of this executive directive.

The request of George Vega, Director of the Division of Personnel Services, to establish the attached updated pay plan for unclassified physicians in state facilities under the authority of the Department of Social and Rehabilitation Services is hereby approved, effective June 17, 2007, in accordance with KSA 95-2935c.

The request of George Vega, Director of the Division of Personnel Services, to provide a bonus of \$860 to each full-time classified employee in a regular position whose most recent performance evaluation is satisfactory or better and to provide a proportionally reduced bonus for less than full-time employees, as provided for within guidelines provided by the Secretary of Administration, shall be paid on December 14, 2007, is hereby approved.

The request of George Vega, Director of the Division of Personnel Services, to assign the following classes to the pay grades indicated below and to reassign employees in these classes to the new pay grade but at the same pay step on the new pay grade as the step at which they are in their current pay grade, is hereby approved effective June 17, 2007.

<u>Classification</u>	<u>Pay Grade</u>
Automotive Driver	9
Computer Operator I	19
Computer Operator II	21
Computer Operations Supervisor	24
Computer Operations Facility Technician	24

Capitol, 300 SW 10th Ave., Ste. 212S, Topeka, KS 66612 590

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<u>Classification</u>	<u>Pay Grade</u>
Computer Operations Manager	26
Cook	12
Cook Senior	14
Custodial Worker	10
Custodial Specialist	12
Custodial Crew Leader	12
Custodial Supervisor	16
Custodial Supervisor Senior	18
Custodial Manager	20
Electrician	17
Electrician Senior	20
Environmental Technician I	15
Environmental Technician II	20
Environmental Technician III	24
Environmental Technician IV	27
Food Service Worker	10
Food Service Supervisor	16
Food Service Supervisor Senior	18
Food Service Manager	20
Graphic Designer	21
Graphic Designer Senior	24
Graphic Designer Specialist	27
Grounds Maintenance Supervisor I	17
Grounds Maintenance Supervisor II	19
Legal Assistant	20
Lock System Specialist	17
Lock Systems Specialist Senior	20
Microbiologist I	24
Microbiologist II	26
Microbiologist III	29
Network Control Technician I	23
Network Control Technician II	26
Network Control Technician III	28
Network Control Supervisor	30
Plumber	17
Plumber Senior	20
Power Plant Operator	14
Power Plant Operator Senior	17
Rehabilitation Support Worker I	12
Rehabilitation Support Worker II	14
Rehabilitation Instructor	17
Storekeeper	10
Storekeeper Senior	14
Storekeeper Specialist	17
Utility Worker	11

I have conferred with the Secretary of Administration, the Director of the Budget, the Director of Personnel Services, and members of my staff, and I have determined that the requested actions are appropriate.

**THE GOVERNOR'S OFFICE**

By the Governor

Kathleen Sebelius

5/30/07

Date

**FILED**

MAY 30 2007

RON THORNBURGH  
SECRETARY OF STATE

Ron Thornburgh

Secretary of State

Ken Felt

Assistant Secretary of State

Kansas Civil Service Basic Pay Plan (effective June 17, 2007)

**Basic Steps (Hourly Rates)**

PG	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	Step 16
5	6.72	6.89	7.06	7.22	7.38	7.58	7.77	7.98	8.15	8.35	8.55	8.78	9.01
6	7.06	7.22	7.38	7.58	7.77	7.98	8.15	8.35	8.55	8.78	9.01	9.21	9.45
7	7.38	7.58	7.77	7.98	8.15	8.35	8.55	8.78	9.01	9.21	9.45	9.69	9.90
8	7.77	7.98	8.15	8.35	8.55	8.78	9.01	9.21	9.45	9.69	9.90	10.18	10.42
9	8.15	8.35	8.55	8.78	9.01	9.21	9.45	9.69	9.90	10.18	10.42	10.65	10.94
10	8.55	8.78	9.01	9.21	9.45	9.69	9.90	10.18	10.42	10.65	10.94	11.20	11.50
11	9.01	9.21	9.45	9.69	9.90	10.18	10.42	10.65	10.94	11.20	11.50	11.75	12.05
12	9.45	9.69	9.90	10.18	10.42	10.65	10.94	11.20	11.50	11.75	12.05	12.35	12.66
13	9.90	10.18	10.42	10.65	10.94	11.20	11.50	11.75	12.05	12.35	12.66	12.97	13.28
14	10.42	10.65	10.94	11.20	11.50	11.75	12.05	12.35	12.66	12.97	13.28	13.61	13.95
15	10.94	11.20	11.50	11.75	12.05	12.35	12.66	12.97	13.28	13.61	13.95	14.30	14.66
16	11.50	11.75	12.05	12.35	12.66	12.97	13.28	13.61	13.95	14.30	14.66	15.00	15.37
17	12.05	12.35	12.66	12.97	13.28	13.61	13.95	14.30	14.66	15.00	15.37	15.77	16.16
18	12.66	12.97	13.28	13.61	13.95	14.30	14.66	15.00	15.37	15.77	16.16	16.53	16.97
19	13.28	13.61	13.95	14.30	14.66	15.00	15.37	15.77	16.16	16.53	16.97	17.36	17.81
20	13.95	14.30	14.66	15.00	15.37	15.77	16.16	16.53	16.97	17.36	17.81	18.24	18.69
21	14.66	15.00	15.37	15.77	16.16	16.53	16.97	17.36	17.81	18.24	18.69	19.17	19.64
22	15.37	15.77	16.16	16.53	16.97	17.36	17.81	18.24	18.69	19.17	19.64	20.08	20.61
23	16.16	16.53	16.97	17.36	17.81	18.24	18.69	19.17	19.64	20.08	20.61	21.12	21.62
24	16.97	17.36	17.81	18.24	18.69	19.17	19.64	20.08	20.61	21.12	21.62	22.17	22.74
25	17.81	18.24	18.69	19.17	19.64	20.08	20.61	21.12	21.62	22.17	22.74	23.29	23.88
26	18.69	19.17	19.64	20.08	20.61	21.12	21.62	22.17	22.74	23.29	23.88	24.44	25.05
27	19.64	20.08	20.61	21.12	21.62	22.17	22.74	23.29	23.88	24.44	25.05	25.65	26.32
28	20.61	21.12	21.62	22.17	22.74	23.29	23.88	24.44	25.05	25.65	26.32	26.94	27.62
29	21.62	22.17	22.74	23.29	23.88	24.44	25.05	25.65	26.32	26.94	27.62	28.32	29.00
30	22.74	23.29	23.88	24.44	25.05	25.65	26.32	26.94	27.62	28.32	29.00	29.72	30.46
31	23.88	24.44	25.05	25.65	26.32	26.94	27.62	28.32	29.00	29.72	30.46	31.20	31.98
32	25.05	25.65	26.32	26.94	27.62	28.32	29.00	29.72	30.46	31.20	31.98	32.73	33.58
33	26.32	26.94	27.62	28.32	29.00	29.72	30.46	31.20	31.98	32.73	33.58	34.39	35.25
34	27.62	28.32	29.00	29.72	30.46	31.20	31.98	32.73	33.58	34.39	35.25	36.10	37.02
35	29.00	29.72	30.46	31.20	31.98	32.73	33.58	34.39	35.25	36.10	37.02	37.91	38.87
36	30.46	31.20	31.98	32.73	33.58	34.39	35.25	36.10	37.02	37.91	38.87	39.83	40.79
37	31.98	32.73	33.58	34.39	35.25	36.10	37.02	37.91	38.87	39.83	40.79	41.85	42.84
38	33.58	34.39	35.25	36.10	37.02	37.91	38.87	39.83	40.79	41.85	42.84	43.92	45.01

**Kansas Civil Service Basic Pay Plan (effective June 17, 2007)**

**Basic Steps (Bi-Weekly Rates)**

PG	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	Step 16
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18	1,012.80	1,037.60	1,062.40	1,088.80	1,116.00	1,144.00	1,172.80	1,200.00	1,229.60	1,261.60	1,292.80	1,322.40	1,357.60
19	1,062.40	1,088.80	1,116.00	1,144.00	1,172.80	1,200.00	1,229.60	1,261.60	1,292.80	1,322.40	1,357.60	1,388.80	1,424.80
20	1,116.00	1,144.00	1,172.80	1,200.00	1,229.60	1,261.60	1,292.80	1,322.40	1,357.60	1,388.80	1,424.80	1,459.20	1,495.20
21	1,172.80	1,200.00	1,229.60	1,261.60	1,292.80	1,322.40	1,357.60	1,388.80	1,424.80	1,459.20	1,495.20	1,533.60	1,571.20
22	1,229.60	1,261.60	1,292.80	1,322.40	1,357.60	1,388.80	1,424.80	1,459.20	1,495.20	1,533.60	1,571.20	1,606.40	1,648.80
23	1,292.80	1,322.40	1,357.60	1,388.80	1,424.80	1,459.20	1,495.20	1,533.60	1,571.20	1,606.40	1,648.80	1,689.60	1,729.60
24	1,357.60	1,388.80	1,424.80	1,459.20	1,495.20	1,533.60	1,571.20	1,606.40	1,648.80	1,689.60	1,729.60	1,773.60	1,819.20
25	1,424.80	1,459.20	1,495.20	1,533.60	1,571.20	1,606.40	1,648.80	1,689.60	1,729.60	1,773.60	1,819.20	1,863.20	1,910.40
26	1,495.20	1,533.60	1,571.20	1,606.40	1,648.80	1,689.60	1,729.60	1,773.60	1,819.20	1,863.20	1,910.40	1,955.20	2,004.00
27	1,571.20	1,606.40	1,648.80	1,689.60	1,729.60	1,773.60	1,819.20	1,863.20	1,910.40	1,955.20	2,004.00	2,052.00	2,105.60
28	1,648.80	1,689.60	1,729.60	1,773.60	1,819.20	1,863.20	1,910.40	1,955.20	2,004.00	2,052.00	2,105.60	2,155.20	2,209.60
29	1,729.60	1,773.60	1,819.20	1,863.20	1,910.40	1,955.20	2,004.00	2,052.00	2,105.60	2,155.20	2,209.60	2,265.60	2,320.00
30	1,819.20	1,863.20	1,910.40	1,955.20	2,004.00	2,052.00	2,105.60	2,155.20	2,209.60	2,265.60	2,320.00	2,377.60	2,436.80
31	1,910.40	1,955.20	2,004.00	2,052.00	2,105.60	2,155.20	2,209.60	2,265.60	2,320.00	2,377.60	2,436.80	2,496.00	2,558.40
32	2,004.00	2,052.00	2,105.60	2,155.20	2,209.60	2,265.60	2,320.00	2,377.60	2,436.80	2,496.00	2,558.40	2,618.40	2,686.40
33	2,105.60	2,155.20	2,209.60	2,265.60	2,320.00	2,377.60	2,436.80	2,496.00	2,558.40	2,618.40	2,686.40	2,751.20	2,820.00
34	2,209.60	2,265.60	2,320.00	2,377.60	2,436.80	2,496.00	2,558.40	2,618.40	2,686.40	2,751.20	2,820.00	2,888.00	2,961.60
35	2,320.00	2,377.60	2,436.80	2,496.00	2,558.40	2,618.40	2,686.40	2,751.20	2,820.00	2,888.00	2,961.60	3,032.80	3,109.60
36	2,436.80	2,496.00	2,558.40	2,618.40	2,686.40	2,751.20	2,820.00	2,888.00	2,961.60	3,032.80	3,109.60	3,186.40	3,263.20
37	2,558.40	2,618.40	2,686.40	2,751.20	2,820.00	2,888.00	2,961.60	3,032.80	3,109.60	3,186.40	3,263.20	3,348.00	3,427.20
38	2,686.40	2,751.20	2,820.00	2,888.00	2,961.60	3,032.80	3,109.60	3,186.40	3,263.20	3,348.00	3,427.20	3,513.60	3,600.80

**SOCIAL AND REHABILITATION SERVICES  
PSYCHIATRIST/PHYSICIAN COMPENSATION WORKSHEET  
Effective 06-17-2007 to 06-16-2008**

Name \_\_\_\_\_ Facility \_\_\_\_\_ Date \_\_\_\_\_

- I. **Base Pay Determination.** Use Section A for new physicians or those who are eligible for a different classification. Changes in Classification are based upon the recommendation of the Superintendent and the approval of the Deputy Secretary. Use Section B for contract renewals.

- A. **New Contract:** A description of base pay classifications are attached.

Clinical Director of Psychiatry	\$179,836
Psychiatrist III	142,630
Psychiatrist II	130,226
Psychiatrist I	117,824
Institutional License	86,817

Medical Director	\$142,630
Physician III	117,824
Physician II	111,624
Physician I	99,219
Institutional License	86,817

Amount: \$ \_\_\_\_\_

- B. **Contract Renewal:**

FY 08 Section I Total \$ \_\_\_\_\_

II. **Added Value**

A. Specialized Training (\$3,000) \$ \_\_\_\_\_

Specify: \_\_\_\_\_

Formalized subspecialty training in geriatric psychiatry, forensic psychiatry, child psychiatry, and psychopharmacology, approved by the American Medical Association and the American Psychiatric Association. (This does not include residency training.)

B. Board Certified (\$6,000): Yes No \$ \_\_\_\_\_

Psychiatry and Neurology  
Internal medicine and family practice  
Other, specify: \_\_\_\_\_

C. Supervision (\$6,000) \$ \_\_\_\_\_

Supervision: Provides administrative or clinical supervision beyond that provided by all physicians.

D. Geographic Incentives (LSH Only \$10,000) \$ \_\_\_\_\_

Section II Total \$ \_\_\_\_\_

### III. Salary Determination

This section is used to determine annual salary. Section I and II are used as follows:

New physicians - Calculate appropriate \$ amounts for both Sections I A and II. Not eligible for merit increase in Section III.

Physicians with new classification - Calculate appropriate \$ amounts for both Sections I A and II. These individuals are eligible for merit increase in Section III.

Others - Use Section I B. Section II is only used if a new or changed added value is needed. Remember to remove old amount for a revised added value.

Total (A or B) Section I	\$ _____
Merit Increase (Renewals Only) <u>2.0%</u>	\$ _____
Total Section II	\$ _____
Total Section III	\$ _____
Total Annual Salary	\$ _____
Bi-Weekly Salary	\$ _____
One time Bonus effective 12-14-2007 of \$860.00	\$ _____

Approved by:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Clinical/ Medical Services Director

\_\_\_\_\_  
Deputy Secretary

\_\_\_\_\_  
Secretary

#### CLASSIFICATION

#### DESCRIPTION

Institutional Licensed	Eligible for an institutional license
Physician I	Less than five years experience beyond residency training
Physician II	Five years experience beyond residency training
Physician III	Ten years experience beyond residency training
Medical Director	A licensed physician who directs a facility medical program
Institutional License	Eligible for an institutional license
Psychiatrist I	Has completed an approved psychiatric residency program
Psychiatrist II	Five years experience beyond residency training
Psychiatrist III	Ten or more years experience beyond residency training
Clinical Director	A psychiatrist who directs a facility psychiatric program

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**EMPLOYMENT AGREEMENT  
FOR  
PHYSICIAN SERVICES**

This Employment Agreement is made and entered into as of the 5<sup>th</sup> day of June, 2007, by and between \_\_\_\_\_ (employer) and \_\_\_\_\_ (employee). This agreement expires on the 16<sup>th</sup> day of June, 2008.

WHEREAS, pursuant to the provisions of K.S.A. 76-12a03, the Hospital, under authority of the Deputy Secretary of Health Care Policy, is authorized to retain for physician services, and

WHEREAS, pursuant to the provision of K.S.A. 75-2935(1)(o), physicians appointed to provide services at the State Hospitals are considered in the unclassified service, and except as made applicable by Executive Order No. 85-84, as such are subject to the rules and regulations otherwise applicable to employees of the State within the unclassified service, and

WHEREAS the parties to this Agreement, being willing and able to enter into this agreement and desiring to record the specifics thereof, agree as follows:

I.     **PHYSICIAN'S DUTIES**     The physician agrees to provide his/her professional services to the Hospital and for such patients as the Hospital may assign to him/her, and to perform such other duties as may be assigned to the physician, as set out in the physician's position description or as directed by physician's supervisor, and consistent with the following:

a.     Normal working hours:     The physician agrees to be available for assignment and duties on approximately an 8-hour per day/40-hour per week basis, Monday through Friday from 8:00 am until 5:00 pm, but further agrees that from time to time the physician will be assigned to duties, including on a rotating basis as the Hospital may assign to the physician, "doctor-on-duty" responsibilities, which may require the physician to be available for assignment and duties on holidays, weekends and/or in excess of 40 hours in any particular one week period, and up to and including 24 hour/day continuous assignment, without further compensation or benefit; except that the physician shall be entitled to holiday compensation, in the form of compensatory time off or pay as the Hospital shall decide, for all hours worked on a legally designated state holiday.

b.     By-Laws, Rules, Regulations, and Policies:     The physician agrees to abide by the By-Laws of the Medical Staff of the Hospital, the rules, regulations and policies of the State of Kansas applicable to all public employees, including the prohibitions provided for within the provisions of the State Governmental Ethics Act, K.S.A. 46-215, et seq., the policies of the Hospital, the rules and regulations of the Board of Healing Arts, and the Principles of Medical Ethics of the American Medical Association and the American Psychiatric Association.

c.     Outside practice: Unless agreed to in writing by the Superintendent, physician agrees that he/she will not be employed to provide physician service to any other person, entity or organization during the term of this Agreement.

II.    **COMPENSATION**     The hospital agrees to pay the physician, as compensation for the services to be performed during the term of this Agreement, the sum of approximately \_\_\_\_\_ (\$ \_\_\_\_\_/year), earned and payable in bi-weekly



installments of \$ \_\_\_\_\_, subject to federal, state and local withholdings and other deductions as may be required by law or as agreed to by the physician, payable under and in accordance with the State's payroll procedures. This sum has been calculated pursuant to a formula created for this purpose, and is evidenced by the worksheet attached to this Agreement. In addition thereto, the Hospital shall also provide or pay to, or on behalf of, or for the benefit of, the physician such sums and such other benefits as may be authorized by law for all full time employed persons in the unclassified service of the State, and the physician shall be allowed to accrue and use annual leave and sick leave upon the same terms and conditions as classified full time civil service employees of the State. Salary increases or other additional benefits may also be provided to the physician during the term of this Agreement, as such may be authorized by law and agreed to by the parties hereto.

### III. TERMINATION

- a. Either party hereto may terminate this Agreement without reason or penalty by giving the other party written notice of intent to do so thirty (30) days in advance.
- b. This Agreement shall automatically terminate upon the event of the physician's death, subject only to any unpaid and earned monthly installment, or portion thereof, and any death benefit or allowance authorized by law for all persons in the unclassified service of the State.

### IV. MALPRACTICE INSURANCE

The Hospital agrees to assist the physician in obtaining insurance in such an amount and against such types of malpractice as the Hospital deems appropriate. The Hospital will either directly pay for or reimburse the physician the cost of such insurance and such shall be considered as additional compensation for the physician's services provided under this Agreement. The physician agrees to cooperate in the obtaining and maintaining of this coverage and shall immediately notify the Superintendent of any change or circumstance which does or would affect that coverage. The physician may, at his/her own expense, obtain coverage in addition to that which the Hospital shall arrange, and in the event the physician elects to do so, shall provide evidence of the coverage and provider to the Superintendent at the time such is initially obtained and at every renewal.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written above.

STATE OF KANSAS BY:

PHYSICIAN:

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Physician  
License #:

\_\_\_\_\_  
Deputy Secretary for Health Care Policy